

Multiple Dependent Claim
Fee Calculation Sheet
(For Use With Form 3-876)

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM 3-876)

097980640

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3		1		1		
4	1		1			
5				1		
6		1		1		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	4	↓		↓
TOTAL CLAIMS		6				

	°		°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						